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STATE OF DELAWARE
**EXAMINING BOARD OF PHYSICAL THERAPISTS AND
ATHLETIC TRAINERS**

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**STATEMENT OF SUPERVISING PHYSICAL THERAPIST OR ATHLETIC TRAINER
Temporary License**

INSTRUCTIONS

When to File

If an applicant for Physical Therapist (PT), Physical Therapist Assistant (PTA) or Athletic Trainer (AT) licensure meets specific requirements, the Delaware Board may issue a Temporary license to the applicant awaiting his or her permanent license. While practicing under a Temporary license, the applicant must be under **direct supervision**.

This form is required before the Board office can issue a Temporary license. The form's purpose is to document that the applicant has a Delaware-licensed supervising PT/AT and that the supervisor understands his or her responsibility.

The supervising PT/AT completes, signs and submits the form **directly** to the Board office. The supervisor is responsible for the actions of the applicant under his/ her supervision and must document all supervision. If the applicant has more than one supervising PT and/or AT, **each** supervisor must submit one of these forms.

Supervision

Direct supervision in connection with a PT or AT practicing under a temporary license means:

- A licensed PT or AT supervisor must be on the premises when the person with a temporary license is practicing.
- The supervisor must sign all evaluations and progress notes written by the person with a temporary license.

Direct supervision in relation to a PTA who has less than one year experience means a PT must be on the premises at all times and see each patient.

To read the complete rules on supervision, see Section 1.2 of the Board's [Rules and Regulations](#).

Applicants are *not* allowed to begin practicing until the temporary license is issued. To look up the status of the temporary license online, go to www.dpr.delaware.gov and click [Verify License Online](#).

APPLICANT INFORMATION

1. Applicant Name on Application: _____
Last/Family First Middle

2. Check type of license applied for: PT ☐ PTA ☐ AT ☐

SUPERVISOR INFORMATION

3. Supervisor's Name on License: _____
Last/Family First Middle

4. Delaware License Number: J _____ - _____

5. Address Where Supervision Will Occur: _____
Practice Name

Street City State Zip

I certify that I understand my responsibility to supervise the applicant named above and that I will do so in accordance with the rules above. I agree to promptly report to the Board office, in writing, if I cease to be the applicant's supervisor. I understand that the temporary license will expire **immediately** if the applicant fails the licensure examination.

Supervisor Signature: _____ **Date:** _____